

First, we would like to ask a few questions about you and the time before you got pregnant with your new baby. Please check the box next to your answer.

1. *Just before you got pregnant, did you have health insurance?* Do not count Medicaid.

- No
- Yes

2. *Just before you got pregnant, were you on Medicaid?*

- No
- Yes

3. *During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?* These are pills that contain many different vitamins and minerals.

- I didn't take a multivitamin or a prenatal vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

4. *What is your date of birth?*

19

 Month Day Year

5. *Just before you got pregnant with your new baby, how much did you weigh?*

Pounds **OR** Kilos

6. *How tall are you without shoes?*

Feet Inches

OR Centimeters

7. *Before you got pregnant with your new baby, did you talk with a doctor, nurse, or other health care worker to prepare for a healthy pregnancy and baby?*

- No
- Yes

8. *Before you got pregnant with your new baby, did you ever have any other babies who were born alive?*

- No → Go to Page 2, Question 11
- Yes

9. *Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?*

- No
- Yes

10. *Was the baby just before your new one born more than 3 weeks before its due date?*

- No
- Yes

2

The next questions are about the time when you got pregnant with your *new* baby.

11. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?

Check one answer

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future

If you wanted to be pregnant later, answer Question 12. Otherwise, go to Question 13.

12. How much later did you want to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years or more

13. When you got pregnant with your new baby, were you trying to get pregnant?

- No
- Yes →

Go to Question 17

14. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

(Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes →

Go to Question 16

15. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other → Please tell us:

If you or your husband or partner was not doing anything to keep from getting pregnant, go to Page 4, Question 20.

16. When you got pregnant with your new baby, what were you or your husband or partner doing to keep from getting pregnant?

Check all that apply

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle®)
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing® or others)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other —————> Please tell us:

If you were not trying to get pregnant when you got pregnant with your new baby, go to Page 4, Question 20.

17. Did you receive treatment from a doctor, nurse, or other health care worker to help you get pregnant with your new baby?

(This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

- No —————> **Go to Question 19**
- Yes

18. Did you use any of the following treatments during the month you got pregnant with your new baby?

Check all that apply

- Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation)
- Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman’s body)
- Assisted reproductive technology (treatments in which BOTH a woman’s eggs and a man’s sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)
- Other medical treatment —————> Please tell us:

19. How many months had you been trying to get pregnant?

- 0 to 3 months
- 4 to 6 months
- 7 to 12 months
- 13 to 24 months
- More than 24 months

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

20. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks **OR** Months

I don't remember

21. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

Weeks **OR** Months

I didn't go for prenatal care

22. Did you get prenatal care as early in your pregnancy as you wanted?

- No
- Yes
- I didn't want prenatal care

Go to Question 24

23. Here is a list of problems some women can have getting prenatal care. For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

- | | No | Yes |
|---|----|-----|
| a. I couldn't get an appointment when I wanted one | N | Y |
| b. I didn't have enough money or insurance to pay for my visits | N | Y |
| c. I had no way to get to the clinic or doctor's office | N | Y |
| d. I couldn't take time off from work . . . | N | Y |
| e. The doctor or my health plan would not start care as early as I wanted . . . | N | Y |
| f. I didn't have my Medicaid card | N | Y |
| g. I had no one to take care of my children | N | Y |
| h. I had too many other things going on | N | Y |
| i. I didn't want anyone to know I was pregnant | N | Y |
| j. Other | N | Y |
- Please tell us:

If you did not go for prenatal care, go to Page 6, Question 30.

24. Where did you go *most of the time* for your prenatal visits? Do not include visits for WIC.

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health clinic
- Other → Please tell us:

25. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Other _____ → Please tell us:

26. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

- | | No | Yes |
|--|----|-----|
| a. How smoking during pregnancy could affect my baby | N | Y |
| b. Breastfeeding my baby | N | Y |
| c. How drinking alcohol during pregnancy could affect my baby | N | Y |
| d. Using a seat belt during my pregnancy | N | Y |
| e. Birth control methods to use after my pregnancy | N | Y |
| f. Medicines that are safe to take during my pregnancy | N | Y |
| g. How using illegal drugs could affect my baby. | N | Y |
| h. Doing tests to screen for birth defects or diseases that run in my family | N | Y |
| i. What to do if my labor starts early | N | Y |
| j. Getting tested for HIV (the virus that causes AIDS) | N | Y |
| k. Physical abuse to women by their husbands or partners | N | Y |

27. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got *most* of your care. For each item, circle **Y** (Yes) if you were satisfied or circle **N** (No) if you were not satisfied.

Were you satisfied with—

- | | No | Yes |
|--|----|-----|
| a. The amount of time you had to wait after you arrived for your visits | N | Y |
| b. The amount of time the doctor or nurse spent with you during your visits | N | Y |
| c. The advice you got on how to take care of yourself | N | Y |
| d. The understanding and respect that the staff showed toward you as a person. | N | Y |

28. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

- No
- Yes

29. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you—

- | | No | Yes |
|---|----|-----|
| a. How much alcohol you were drinking | N | Y |
| b. If someone was hurting you emotionally or physically | N | Y |
| c. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.). | N | Y |
| d. If you wanted to be tested for HIV (the virus that causes AIDS) | N | Y |
| e. If you planned to use birth control after your baby was born | N | Y |
| f. If you were smoking cigarettes | N | Y |

30. At any time during your most recent pregnancy, did you get tested for the bacteria Group B Strep (Beta Strep)?

- No
- Yes
- I don't know

31. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

- No
- Yes → **Go to Question 35**
- I don't know

32. Were you offered an HIV test during your most recent pregnancy or delivery?

- No → **Go to Question 35**
- Yes

33. Did you turn down the HIV test?

- No → **Go to Question 35**
- Yes

34. Why did you turn down the HIV test?

Check all that apply

- I did not think I was at risk for HIV
- I did not want people to think I was at risk for HIV
- I was afraid of getting the result
- I was tested before this pregnancy, and did not think I needed to be tested again
- Other → Please tell us:

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

35. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No
- Yes

36. Did you have any of these problems during your most recent pregnancy? For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy	N	Y
c. Vaginal bleeding	N	Y
d. Kidney or bladder (urinary tract) infection	N	Y
e. Severe nausea, vomiting, or dehydration	N	Y
f. Cervix had to be sewn shut (incompetent cervix).	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa)	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]).	N	Y
k. I had to have a blood transfusion	N	Y
l. I was hurt in a car accident	N	Y

If you did not have any of these problems, go to Question 38.

37. Did you do any of the following things because of these problems? For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

	No	Yes
a. I went to the hospital or emergency room and stayed less than 1 day	N	Y
b. I went to the hospital and stayed 1 to 7 days	N	Y
c. I went to the hospital and stayed more than 7 days	N	Y
d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice	N	Y

The next questions are about smoking cigarettes and drinking alcohol.

38. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)

- No → **Go to Question 42**
- Yes

39. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

40. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

41. How many cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

42. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No → **Go to Page 8, Question 45**
- Yes

43a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

43b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

44a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

44b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

Pregnancy can be a difficult time for some women. The next question is about things that may have happened before and during your most recent pregnancy.

45. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)

	No	Yes
a. A close family member was very sick and had to go into the hospital	N	Y
b. I got separated or divorced from my husband or partner	N	Y
c. I moved to a new address	N	Y
d. I was homeless	N	Y
e. My husband or partner lost his job . . .	N	Y
f. I lost my job even though I wanted to go on working	N	Y
g. I argued with my husband or partner more than usual	N	Y
h. My husband or partner said he didn't want me to be pregnant	N	Y
i. I had a lot of bills I couldn't pay	N	Y
j. I was in a physical fight	N	Y
k. My husband or partner or I went to jail	N	Y
l. Someone very close to me had a bad problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

The next questions are about the time during the 12 months before you got pregnant with your new baby.

46a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

46b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?

- No
- Yes

The next questions are about the time during your most recent pregnancy.

47a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

47b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
- Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

48. When was your baby due?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

49. When did you go into the hospital to have your baby?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

- I didn't have my baby in a hospital

50. When was your baby born?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

51. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

- I didn't have my baby in a hospital

52. How was your delivery paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Other \longrightarrow Please tell us:

The next questions are about the time since your new baby was born.

53. After your baby was born, was he or she put in an intensive care unit?

- No
- Yes
- I don't know

10

54. After your baby was born, how long did he or she stay in the hospital?

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 57**

55. Is your baby alive now?

- No → **Go to Question 66**
- Yes

56. Is your baby living with you now?

- No → **Go to Question 66**
- Yes

57. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- No → **Go to Question 61**
- Yes

58. Are you still breastfeeding or feeding pumped milk to your new baby?

- No
- Yes → **Go to Question 60**

59. How many weeks or months did you breastfeed or pump milk to feed your baby?

- Weeks **OR** Months
- Less than 1 week

60. How old was your baby the first time you fed him or her anything besides breast milk?
Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

Weeks **OR** Months

- My baby was less than 1 week old
- I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Question 66.

61. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

Hours

- Less than 1 hour a day
- My baby is never in the same room with someone who is smoking

62. How do you *most often* lay your baby down to sleep now?

Check one answer

- On his or her side
- On his or her back
- On his or her stomach

63. How often does your new baby sleep in the same bed with you or anyone else?

- Always
- Often
- Sometimes
- Rarely
- Never

64. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

- No
- Yes

65. Has your new baby had a well-baby checkup?
(A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No
- Yes

66. Are you or your husband or partner doing anything *now* to keep from getting pregnant?
(Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes

→ **Go to Question 68**

67. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check all that apply

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other → Please tell us:

68. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?

- No
- Yes

The next few questions are about the time during the *12 months before* your new baby was born.

69. During the *12 months before* your new baby was born, what were the sources of your household's income?

Check all that apply

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other → Please tell us:

12

70. During the 12 months before your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- Less than \$10,000
 \$10,000 to \$14,999
 \$15,000 to \$19,999
 \$20,000 to \$24,999
 \$25,000 to \$34,999
 \$35,000 to \$49,999
 \$50,000 or more

71. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?

People

The next few questions are on a variety of topics.

72. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?

- No \longrightarrow **Go to Question 74**
 Yes

73. What disease or infection were you told you had?

Check all that apply

- Genital warts (HPV)
 Herpes
 Chlamydia
 Gonorrhea
 Pelvic inflammatory disease (PID)
 Syphilis
 Group B Strep (Beta Strep)
 Bacterial vaginosis
 Trichomoniasis (Trich)
 Yeast infections
 Urinary tract infection (UTI)
 Other \longrightarrow Please tell us:

74. At any time during your most recent pregnancy, did you *seek help* for depression from a doctor, nurse, or other health care worker?

- No
 Yes

If you were on Medicaid before you got pregnant with your new baby, go to Question 78.

75. Did you try to get Medicaid coverage during your most recent pregnancy?

- No \longrightarrow **Go to Question 78**
 Yes

76. Did you have any problems getting Medicaid during your most recent pregnancy?

- No
 Yes

77. When did Medicaid coverage begin during your most recent pregnancy?

- During the first 3 months of my pregnancy
- During the second 3 months of my pregnancy
- During the last 3 months of my pregnancy
- I did not get Medicaid during my pregnancy

If your baby is no longer alive or is not living with you, go to Question 80.

78. Are you currently in school or working outside of the home?

- No —————> **Go to Question 80**
- Yes

79. Which one of the following people spends the most time taking care of your new baby when you go to work or school?

Check one answer

- My husband or partner
- Baby's grandparent
- Other close family member or relative
- Friend or neighbor
- Babysitter, nanny, or other child care provider
- Staff at day care center
- Other —————> Please tell us:

80. Did you or any member of your household apply for government payments such as welfare, TANF (Temporary Assistance for Needy Families), or other public assistance?

- No
- Yes —————> **Go to Question 82a**

81. Did any of these things keep you from applying for government help?

Check all that apply

- I didn't think I could get help because my household made too much money
- I didn't know how to apply
- There was too much paperwork
- I didn't want to use up my benefits
- I didn't think I could get help because I am from another country
- Other —————> Please tell us:

82a. Since your new baby was born, how often have you felt down, depressed, or hopeless?

- Always
- Often
- Sometimes
- Rarely
- Never

82b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?

- Always
- Often
- Sometimes
- Rarely
- Never

83. Since your new baby was born, did you seek help for depression from a doctor, nurse, or other health care worker?

- No
- Yes

84. This question is about things that may have happened during your most recent pregnancy. For each thing, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

During your most recent pregnancy—

- | | No | Yes |
|---|----|-----|
| a. Your husband or partner threatened you or made you feel unsafe in some way | N | Y |
| b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner | N | Y |
| c. Your husband or partner tried to control your daily activities, for example, controlling who you could talk to or where you could go | N | Y |
| d. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable). | N | Y |

85. This question is about the care of your teeth during your most recent pregnancy. For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

- | | No | Yes |
|--|----|-----|
| a. I needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic. | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N | Y |

86. Have you *ever* had your teeth cleaned by a dentist or dental hygienist?

- No → Go to Question 88
 Yes

87. When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- | | No | Yes |
|--|----|-----|
| a. Before my most recent pregnancy | N | Y |
| b. During my most recent pregnancy | N | Y |
| c. After my most recent pregnancy | N | Y |

88. During the last 3 months of your most recent pregnancy, how often did you wear a seat belt when you drove or rode in a car?

- Always
 Often
 Sometimes
 Rarely
 Never

89. What is today's date?

<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Month	Day	Year

**Please use this space for any additional comments you would like to make
about the health of mothers and babies in Utah.**

Thanks for answering our questions!

***Your answers will help us work to make Utah
mothers and babies healthier.***

March 4, 2004